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PTO/SB/05 (03-01) Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. UTILITY PATENT APPLICATION

01-406 Attorney Docket No. DIETER W. POHL First Inventor

TOANGMITTAL

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METHOD AND ADDADATHS FOR THE

110 (110 (111)	Title   METROD AND APPARATOS TON THE					
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No. EL394336106US					
APPLICATION ELEMENTS See MPEP charter 6/0 concerning utility patent emplication contents	ADDRESS TO: Assistant Commissioner for Patents  Box Patent Application Washington DC 20231					
See MPEP chapter 600 concerning utility patent application contents.  1. X   See Transmittal Form (e.g., p.TO/SB/17) 2. X   Specification   See Transmittal Form (e.g., p.TO/SB/17) 3. X   Specification   Specification   Specification   Specification   Specification   Specification   Specification   Specification   Specification   Statement Regarding Fed sponsored R & D   Reference to sequence listing, a table, or a computer program ising appendix   Statement Regarding Fed sponsored R & D   Reference to sequence listing, a table, or a computer program ising appendix   Specification   S	Vashington, DC 20231   CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)   Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)   a					
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
	17. Other:					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 GFR 1.76:    Onlinuation   Divisional   Continuation-in-part (CIP) of prior application No						
The incorporation can only be relied upon when a portion has been inadve	ertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS						
Customer Number or Bar Code Label (Insert Gualorzer No or Atlantia	or XX Correspondence address below					
Name Robert H. Bachman						
BACHMAN & LaPOINTE, P.C.						
Address 900 Chapel Street, Suite	2 1201					
Çity New Haven	State CT					
Country USA Te	lephone 203-777-6628 Fax 203-865-0297					
Name (Print/Type) Righert H/ Bachman	Registration No. (Attorney/Agent) 19,374					
Signature	Date 7-12-01					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to odmplete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Consistency for Patents, Box Patents, Application, Washington, DC 20231.

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July 12, 2001 Antoinette Sullo

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## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$)	355.00

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Complete if Known					
Application Number					
Filing Date					
First Named Inventor	DIETER W. POHL				
Examiner Name					
Group Art Unit					
Attornous Deciset Me	01-406				

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. X The Commissioner is hereby authorized to XIMION	3. ADDITIONAL FEES			
Deposit Deposit	Large Small			
Account 02~0184	Entity Entity Fee Fee Fee Fee Fee Fee Percein	tion Fee Paid		
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Account Name	105 130 205 65 Surcharge - late filling fee	or oath		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisions cover sheet	il filing fee or		
Applicant claims small entity status. See 37 CFR 1.27	139 130 139 130 Non-English specification			
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Check Credit card Money Other	112 920" 112 920" Requesting publication of 8 Examiner action	3iR prior to		
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of a Examiner action	SIR after		
L BASIC FILING FEE	115 110 215 55 Extension for reply within t	first month		
Large Entity Small Entity	116 390 216 195 Extension for reply within a	second month		
Fee Fee Fee Fee Fee Description Fee Paid	117 890 217 445 Extension for reply within t	hird month		
177	118 1,390 218 695 Extension for reply within for	ourth month		
101 710 201 355 Office filling fee 355	128 1,890 228 945 Extension for reply within fi	ifth month		
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal			
	120 310 220 155 Filing a brief in support of a	ın appeal		
114 150 214 75 Provisional filling fee	121 270 221 135 Request for oral hearing			
SUBTOTAL (1) (\$) 355	138 1,510 138 1,510 Petition to institute a public	use proceeding		
19.00	140 110 240 55 Petition to revive - unavoida	ible		
2 EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintenti	ional		
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)			
Total Claims 2U -20** X X	143 440 243 220 Design issue fee			
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Multiple Dependent	122 130 122 130 Petitions to the Commission	ner		
Large Entities	123 130 123 130 Petitions related to provision	nal applications		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information (	Disclosure Stmt		
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102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim if not paid	146 710 246 355 Filling a submission after fin (37 CFR § 1.129(a))	al rejection		
109 80 209 40 Reissue Independent claims	149 710 249 355 For each additional invention examined (37 CFR § 1.129			
over original patent  110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Exam			
110 18 210 9 ™ Reissue claims in excess of 20 and over original patent				
	169 900 169 900 Request for expedited exam of a design application	nination		
SUBTOTAL (2) (\$)	Other fee (specify)			
*for number previously paid, if greater; For Reissues, see above	Reduced by Basic Filing Fee Paid SUBTOT	AL (3) (\$)		

SUBMITTED BY			Complete (/ applicable)		
Name (Print/Type)	Robert H. Bachi	nan Registration No. (Attorney/Apent)	19,374	Telephone	203-777-6628
Signature	A.V			Date	7-12-01

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